**STATEMENT**

This form should be completed, signed and stamped by an authorised representative of the

accredited University / Medical School

*of any EU Member State, Norway, Switzerland or USA,*

providing the practice placement as part of the medical training

**Data of the state-recognised Medical School providing the training**

Name:

Full address:

Data of state accreditation document

Number:

Date:

As the authorised representative of the above-named accredited Institution providing the practice placement, I hereby declare that the data included in this document are true and correct in every respect.

I hereby declare that our Institution is able to ensure the acquirement of the skills in the field of Surgery as defined in the **Course Requirements**.

Syllabus for the practice placement in

Surgery – 1 month, 168 hours

Recommended practical activities include:

* examining acute and elective surgical patients
* wound dressing
* participating in surgical outpatient clinics
* assisting in surgeries as second assistant
* surgical administration and
* postoperative care and medication

Name: Signature:

Title/position:

Organisational unit:

Date:

Institute stamp: